PRINTED: 05/26/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445391 B. WING 05/13/2015ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 395 INTERSTATE DRIVE MANCHESTER HEALTH CARE CENTER MANCHESTER, TN 37355 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION !D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 000 I INITIAL COMMENTS F 000 During the annual Recertification survey and complaint investigation numbers 36023, 35157, and 34272, conducted on May 11-13, 2015, at Manchester Health Center, no deficiencies were cited in relation to complaints 36023 and 34272 under 42 CFR PART 483, Requirments for Long Term Care. F 226 483.13(c) DEVELOP/IMPLMENT F 226 Develop/Implement F 226 SS=E ABUSE/NEGLECT, ETC POLICIES abuse/neglect, etc. policies. 6/27/15 The facility must develop and implement written What corrective action(s) will be policies and procedures that prohibit accomplished for those residents mistreatment, neglect, and abuse of residents found to have been affected by and misappropriation of resident property. the deficient practice: Residents #100, #116, #47, and #8, This REQUIREMENT is not met as evidenced will be interviewed by NHA on or before June 27, 2015, to ensure Based on facility policy review, medical record the residents are satisfied with review, facility investigation review, and interview, the facility failed to follow policy on investigation outcome of missing funds incldent. of misappropriation of resident's funds for four Missing funds have already been residents (#100, #116, #47, and #8) of five reimbursed to resident #100, #116, residents reviewed for abuse, of thirty-six 47, and #8, on January 26, 2015. residents reviewedd. The findings included: Review of the policy Abuse Prevention Standard, with revised date 2013, revealed "...All alleged violations involving mistreatment, abuse or neglect will be thoroughly investigated by the facility under the direction of the Administrator and in accordance with the state and federal law...An immediate investigation into the alleged incident, during shift if occurred on, is initiated as LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE men NHA

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ng the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days rollowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES

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	follows: 1. Completed Click Care electron complete resident in incident/event. b.fold results are completed appropriate persons other resident witner member implicated the staff member's the incident in a write staff on that unit, as available witnesses the staff's knowledgen narrative, signed and to be completed, to of the investigation of the Quarter (MDS) dated 4/9/15, BIMS (Brief Interview resident was moderated Resident # dollars. Further review of a Missing revealed Resident # dollars. Further review of the CNA) #1 immediate (CNA) #1 immediate	e incident report in PCC [Point ic record]. a. Supervisor shall neident report at time of allow up and investigation ed per policy time zone and by net. 2. Interview the resident or esses. 3. Interview the staff. Interviewer is to document knowledge and/or version of the narrative. 4. Interview allowell as other staff other. Interviewer is to document the of the incident in a written did datedAn incident report is include the written summary and facility actions taken" But revealed Resident #100 facility on 6/18/14 with Dementia, Psychosis, on, Muscle Weakness, and aillure. Berly Minimum Data Set revealed the resident had a vifor Mental Status) of 10 (the ately impaired). Item Report dated 11/14/14, 100 was missing twenty we revealed Certified Nurse diately reported the loss of a Further review revealed " at resident's daughter gave using evening of 11/12/ and it on the morning of 11/13/14. ial Service Director searched	F 2	residents he be affected practice an action will will will will will will at 16, 20 were any is misappropring resident has inventory of in their median personal be have in the completed 6/16/2015. What measing place or will will made ficient pick will made and proceded Quality Imp	signee, met with each the facility on or before 15 to determine if there sues regarding riation of funds. Each is a completed of Personal Effects Form dical chart stating what elonging they currently ir rooms. This was on or before		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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Medical record review revealed Resident #116 was admitted to the facility on 3/1/13 and readmitted on 5/8/15 with diagnoses including Dementia, Congestive Heart Failure, Schizophrenia, Acute and Chronic Respiratory Failure, Hypertension, Muscle Weakness, and Diabetes. Review of the Quarterly MDS dated 3/12/15, revealed the resident had a BIMS of 15 (the resident was cognitively intact). Review of a Missing Item report dated 11/14/14, revealed CNA #1 reported Resident #116 had four dollars missing. Further review revealed the "description of the investigation" section was not completed. Continued review revealed "Acition taken: Reported to Administrator" Further review revealed the "further action necessary" and "referred to" sections of the form were not completed. Review of the investigation for the missing money 4, 2015 to audit any missing fund report to ensure policy was followed and full investigation was complete. We interviewed two residents and full investigation was complete. We interviewed two residents and full investigation was complete. We interviewed two residents and full investigation was complete. We interviewed two residents and full investigation was complete. We interviewed two residents and full investigation was complete. We interviewed two residents and full investigation was complete. We interviewed two residents me followed and full investigation was complete. We interviewed two residents me followed and full investigation was complete. We interviewed two residents me followed and full investigation was complete. We interviewed two residents me followed and full investigation was complete. We interviewed two residents me followed and full investigation was complete. We interviewed two residents me followed and full investigation was complete. We interviewed two residents me followed and full investigation was complete. We interviewed two residents me followed and full investigation was complete. We interviewed two residents me full followed and full investigation was complete.	Ì	to the resident's acc	ount.			concerns and grievances on June		1
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	r	revealed no documentation of investigative				implicated. NHA, or designee, is to		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/26/2015 FORM APPROVED OMB NO. 0938-0391

445391 B. WING	(40)0045
	11.3121115
MANCHESTER HEALTH CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 395 INTERSTATE DRIVE MANCHESTER, TN 37355	13/2015
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
findings. Interview with resident #116 on 5/12/15 at 1:52 PM, in the resident's room, revealed the resident had four dollars in a bucket stored in her room in November. Continued interview everaled the resident did not realize the money was missing from the bucket for three days. Further interview revealed the resident was unsure of what happened to the money. Continued interview confirmed the facility refunded the resident's account in the amount of four dollars. Medical record review revealed Resident #47 was admitted to the facility on 7/19/11 with diagnoses including Cellulitis and Abscess of Leg, Insomnia, Hypertension, Vascular Dementia, Adjustment Disorder, Congestive Heart Failure, Anxiety, and Depression. Review of the Annual MDS dated 3/7/15 revealed the resident had a BIMS of 12 (the resident was cognitively intact). Interview with Resident #47 on 5/12/15 at 4:40 PM, in the resident's room, revealed the resident kept his money in a bible in November. Continued interview confirmed the facility refunded three dollars missing from his bible. Further interview revealed the resident stated "I don't know what happened." Continued interview confirmed the facility refunded three dollars to the resident's account. Review of the investigation for the missing money revealed no docurnentation of investigative findings. Medical record review revealed Resident #8 was admitted to the facility on 2/13/13 and readmitted	

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FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
445391		B. WING	B. WING			05/13/2015	
ME OF PROVIDER OR SUPPLIER MANCHESTER HEALTH CARE CENTER				3:	TREET ADDRESS, CITY, STATE, ZIP CODE 195 INTERSTATE DRIVE MANCHESTER, TN 37355	1	10,2010
(X4) ÎD PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION REFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
F 226	on 4/13/15 with diage Heart Failure, Diabout Muscle Weakness, Chronic Kidney Discontinued the resident was cognitively into Review of the Quarrevealed the resident was cognitively into Review of a Missing revealed Registered loss of the resident revealed "Action to Administrator" Co "further action neces sections of the form Interview with Resident happened to the resident awoke five dollars was misson Continued interview what happened to the interview confirmed dollars to the resident Review of the investive revealed no docume findings.	gnoses including Congestive etes, Anxiety, Insomnia, Chronic Pain, Depression, ease, Cognitive Deficits, ess of Trunk. Iterly MDS dated 3/19/15, at had a BIMS 15 (the resident ct). Item Report dated 11/17/14 di Nurse (RN) #1 reported the smoney. Further review aken: Reported to ntinued review revealed the ssary" and "referred to" were not completed. Item #8 on 5/12/15 at 1:35 PM, m, revealed the resident ecklace around her neck. I revealed the resident ce at night and laid the io. Further interview revealed the sing from her necklace. I revealed she was unsure ne five dollars. Continued the resident told the oney was missing. Further the facility refunded five nt's account. Itigation for the missing money entation of investigative	F	226			

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		AND HUMAN SERVICES				D: 05/26/2015 MAPPROVED
		& MEDICAID SERVICES				D. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		TE SURVEY MPLETED
		445391	B. WING_		05	05/13/2015
AE OF	PROVIDER OR SUPPLIER		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS, CITY, STATE, ZIP CODE		10/2010
MANCHE	ESTER HEALTH CARE	CENTER		395 INTERSTATE DRIVE MANCHESTER, TN 37355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	DULD BE	(X5) COMPLETION DATÉ
F 226	written staff statements with the D 5/12/15 at 2:49 PM, confirmed the facilit the residents and famisappropriation of interview confirmed their abuse policy. Interview with the D the conference roor to thoroughly docun misappropriation of #116, #47 and #8. Interview with the Ad 9:32 AM in the conference facility failed to thoroughly facility failed to thoroughly facility failed to thoroughly facility failed to thoroughly facility failed to thoroughly facility failed to thoroughly facility failed to thoroughly facility failed to thoroughly facility failed to thoroughly failed to thoroughly facility failed to thoroughly failed to t	the four investigations to have ents regarding the incident of resident's funds. virector of Nursing (DON) on in the conference room, by failed to interview staff and wiled to investigate the resident's funds. Continued the facility failed to follow ON on 5/13/15 at 9:13 AM, in m, confirmed the facility failed nent and investigate the funds for residents #100, dministrator on 5/13/15, at erence room, confirmed the pughly investigate allegations lion of the resident's funds for	F 22	26		